

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

Check if different
than previously
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2007

through

02

28

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

03

12

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		179267.79
(b) Cash on Hand at Beginning of Reporting Period	185294.28	
(c) Total Receipts (from Line 19)	10893.04	21919.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	196187.32	201187.32
7. Total Disbursements (from Line 31)	6000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	190187.32	190187.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3857.42	5335.90
(i) Itemized (use Schedule A)		
(ii) Unitemized	6462.21	15439.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	10319.63	20775.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	10319.63	20775.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	573.41	1144.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10893.04	21919.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10893.04	21919.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	8500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6000.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6000.00	11000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10319.63	20775.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10319.63	20775.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Brooke Alexy Mailing Address 15401 Oak Pond Lane City State Zip Code Libertyville IL 60048 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Counsel, Asst General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.76		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79583 Amount of Each Receipt this Period 140.38 Receipt Payroll Deduction: (70.19- /Pay Period)
B. Full Name (Last, First, Middle Initial) Cassandra Baker Mailing Address 1672 Barrington Rd City State Zip Code Upper Arlington OH 43221 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Vp, Gov't Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79569 Amount of Each Receipt this Period 102.00 Receipt Payroll Deduction: (51.00- /Pay Period)
C. Full Name (Last, First, Middle Initial) Timothy Boes Mailing Address 103 La Trobe Ct City State Zip Code Southlake TX 76092 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Svp, Medication Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.72		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79592 Amount of Each Receipt this Period 172.86 Receipt Payroll Deduction: (86.43- /Pay Period)
SUBTOTAL of Receipts This Page (optional) ▶		415.24
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Mary Cooney Mailing Address 2211 Briarglen #507 City State Zip Code Houston TX 77027 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Svp, Hr Business Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.16		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79571 Amount of Each Receipt this Period 106.58 Receipt Payroll Deduction: (53.29- /Pay Period)
B. Full Name (Last, First, Middle Initial) Ted Dibiase Mailing Address 8103 Catalina Island Drive City State Zip Code Katy TX 77494 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Vp, Advice & Counsel Ctr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.80		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79579 Amount of Each Receipt this Period 122.40 Receipt Payroll Deduction: (61.20- /Pay Period)
C. Full Name (Last, First, Middle Initial) Brendan Ford Mailing Address 798 Tweed Court City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Evp, Corp Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79393 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (100.0- 0/Pay Period)
SUBTOTAL of Receipts This Page (optional) ▶		428.98
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Mark Hartman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 7677 Tartan Fields Dr		Transaction ID: 70312.C79596	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 184.14
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Business Services		Payroll Deduction: (92.07- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.28		
B. Full Name (Last, First, Middle Initial) Linda Harty		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 1761 Roxbury Rd		Transaction ID: 70312.C79395	
City Columbus	State OH	Zip Code 43212	Amount of Each Receipt this Period 215.20
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Evp, Treasurer		Payroll Deduction: (107.6- 0/Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.40		
C. Full Name (Last, First, Middle Initial) Remi Kajogbola		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 15751 Sheridan St #149		Transaction ID: 70312.C79573	
City Fort Lauderdale	State FL	Zip Code 33331	Amount of Each Receipt this Period 113.46
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Integrated Solutions		Payroll Deduction: (56.73- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.92		
SUBTOTAL of Receipts This Page (optional) ▶		512.80	
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.52

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79574

Amount of Each Receipt this Period

118.26

Receipt

Payroll Deduction: (59.13-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Michael Lynch

Mailing Address 550 E Rosemary

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Group Pres, Med Products Mfg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.16

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79436

Amount of Each Receipt this Period

323.08

Receipt

Payroll Deduction: (161.5-
4/Pay Period)

Full Name (Last, First, Middle Initial)

C. William Owad

Mailing Address 7558 Heatherwood Ln

City State Zip Code
Dublin OH 43017

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardinal Health, IncOccupation
Svp, Operational Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.36

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79591

Amount of Each Receipt this Period

161.68

Receipt

Payroll Deduction: (80.84-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

603.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Kevin Peters Mailing Address 465 Fourth Fairway Drive City Roswell State GA Zip Code 30076 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Evp, Ips Sales Se Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.28		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79566 Amount of Each Receipt this Period 100.14 Receipt Payroll Deduction: (50.07- /Pay Period)
B. Full Name (Last, First, Middle Initial) George Plava Mailing Address 3526 Pembroke Dr City Richmond State TX Zip Code 77469 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Vp, Pharmacy Practice Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.20		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79580 Amount of Each Receipt this Period 131.60 Receipt Payroll Deduction: (65.80- /Pay Period)
C. Full Name (Last, First, Middle Initial) William Rampy Mailing Address 103 Foxglove Ln City Bentonville State AR Zip Code 72712 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Svp, Franchise Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.64		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79570 Amount of Each Receipt this Period 103.82 Receipt Payroll Deduction: (51.91- /Pay Period)
SUBTOTAL of Receipts This Page (optional) ▶		335.56
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. Sandra Rigopoulos

Mailing Address 307 S Hi Lusi Ave

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Vp, Customer Solutions

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

349.04

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79593

Amount of Each Receipt this Period

174.52

Receipt

Payroll Deduction: (87.26-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Pres, Ips Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79429

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (150.0-
0/Pay Period)

Full Name (Last, First, Middle Initial)

C. David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health, Inc

Occupation

Geo-pharmaceutical & Medic

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 7

Transaction ID: 70312.C79394

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

674.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Cornell Stamoran Mailing Address 3 Matrick Court City Hillsborough State NJ Zip Code 08844 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Vp, Strategic Intel & Plan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.60		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79581 Amount of Each Receipt this Period 67.20 Receipt Payroll Deduction: (67.20- /Pay Period)
B. Full Name (Last, First, Middle Initial) Cornell Stamoran Mailing Address 3 Matrick Court City Hillsborough State NJ Zip Code 08844 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Vp, Strategic Intel & Plan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.68		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 2 / 2 0 0 7 Transaction ID: 70312.C79847 Amount of Each Receipt this Period 73.08 Receipt Payroll Deduction: (73.08- /Pay Period)
C. Full Name (Last, First, Middle Initial) Mark Stauffer Mailing Address 10644 Dundee Ct City Powell State OH Zip Code 43065 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Health, Inc Occupation Svp, Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.64		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7 Transaction ID: 70312.C79572 Amount of Each Receipt this Period 106.82 Receipt Payroll Deduction: (53.41- /Pay Period)
SUBTOTAL of Receipts This Page (optional) ▶		247.10
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Robert Walter		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address C/o Cardinal Health 7000 Cardinal Place		Transaction ID: 70312.C79443	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 384.04
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 768.08		
B. Full Name (Last, First, Middle Initial) Connie Woodburn		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 7	
Mailing Address 9761 Erin Woods Dr		Transaction ID: 70312.C79407	
City Dublin	State OH	Zip Code 43017	Amount of Each Receipt this Period 256.16
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Cardinal Health, Inc	Occupation Svp, Prof & Gov't Rel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.32		
		Payroll Deduction: (192.0-2/Pay Period)	
		Payroll Deduction: (128.0-8/Pay Period)	

SUBTOTAL of Receipts This Page (optional)

640.20

TOTAL This Period (last page this line number only)

3857.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Full Name (Last, First, Middle Initial) Comerica Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address Po Box 75000 (mc 2250)		Transaction ID: 70312.C79326	
City Detroit	State MI	Zip Code 48275-2250	Amount of Each Receipt this Period 573.41
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer	Occupation Bank	Aggregate Year-to-Date ▼ 1144.13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

573.41

TOTAL This Period (last page this line number only)

573.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Full Name (Last, First, Middle Initial)

A. McConnell Senate Committee 08

Mailing Address P.O. Box 1496

City
Louisville

State
KY

Zip Code
40201-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MITCH MCCONNELL

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: 70312.E894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Tim Ryan for Congress

Mailing Address 80 F St NW Ste 804
Suite 804

City
Washington

State
DC

Zip Code
20001-1528

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
TIMOTHY J RYAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: 70312.E895

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A. Citizens for Stivers

Full Name (Last, First, Middle Initial)

Mailing Address 2500 Sherwin Road

City
Columbus

State
OH

Zip Code
43221-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70312.E893

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00